''(d) COORDINATION.—

''(1) LEAD OFFICIAL.—The Secretary shall designate one official in the Department of Health and Human Services to oversee the campaign established under this section.

''(2) AGENCY COORDINATION.—The Secretary shall ensure the involvement in the public awareness campaign under this section of the Surgeon General of the Public Health Service, the Director of the Centers for Disease Control and Prevention, and such other representatives of offices and agencies of the Department of Health and Human Services as the Secretary determines appropriate.

''(e) UNDERSERVED AREAS AND POPULATIONS.—In designing the public awareness campaign under this section, the Secretary shall—

''(1) take into account the special needs of geographic areas and racial, ethnic, gender, age, and other demographic groups that are currently underserved; and

''(2) provide resources that will reduce disparities in access to appropriate diagnosis, assessment, and treatment.

''(f) GRANTS AND CONTRACTS.—The Secretary may make awards of grants, cooperative agreements, and contracts to public agencies and private nonprofit organizations to assist with the development and implementation of the public awareness campaign under this section.

''(g) EVALUATION AND REPORT.—Not later than the end of fiscal year 2012, the Secretary shall prepare and submit to the Congress a report evaluating the effectiveness of the public awareness campaign under this section in educating the general public with respect to the matters described in subsection (b).

''(h) AUTHORIZATION OF APPROPRIATIONS.—For purposes of carrying out this section, there are authorized to be appropriated $2,000,000 for fiscal year 2010 and $4,000,000 for each of fiscal years 2011 and 2012.''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Louisiana (Mr. SCALISE) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 756, the National Pain Care Policy Act of 2009.

Pain is the most common reason Americans access the health care system and is a leading cause of disability. It is also a major contributor to health care costs. National Center for Health Statistics estimates that 76.2 million, or one in four, Americans have suffered from pain that lasts longer than 24 hours. Millions more Americans suffer from acute pain. While untreated pain can seriously impact every aspect of daily living, most painful conditions can be relieved through treatment.

This bill will expand research on the causes and treatments of pain, award grants for pain care education and training programs for health professionals, and establish and implement a national pain care education outreach and awareness campaign.

Once again, I'd like to thank my colleague, Representative CAPPS, for sponsoring this bill and for her hard work on the bill. I urge my colleagues to pass this very important bill.

I reserve the balance of my time.

Mr. SCALISE. Mr. Speaker, I rise in support of H.R. 756, the National Pain Care Policy Act of 2009. I want to commend Congresswoman LOIS CAPPS and Congressman MIKE ROGERS for their bipartisan work on this bill.

The National Center for Health Statistics estimates that 76.2 million Americans have suffered pain that lasts longer than 24 hours. Most painful conditions can be relieved with proper treatment and adequate pain management. This bill creates an interagency coordinating committee to coordinate all efforts within HHS and other Federal agencies related to pain research. This effort, along with efforts at the NIH via the pain consortium, will go a long way towards increasing research and awareness of chronic pain.

Mr. Speaker, I urge Members to support this legislation.

I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, once again, I yield 3 minutes to the gentlewoman from California (Mrs. CAPPS), the sponsor of the legislation.

Mrs. CAPPS. Mr. Speaker, again, I thank our chairman of our subcommittee for giving me this time to speak in strong support of H.R. 756, the National Pain Care Policy Act.

I want to thank our colleague from Michigan, MIKE ROGERS, for his tireless advocacy on behalf of pain care. It's been several years that we've been working together, and we have a great deal of gratitude for the vast coalition of organizations who have been supporting this legislation and working so hard on behalf of people with pain who suffer every single day.

Most Americans would be surprised if they understood that the leading cause of disability in the United States is pain and that its treatment and management is straining our health care system. Americans suffering from chronic pain, or from pain as a symptom of another illness, face so many barriers to achieving relief. Fortunately, we don't have to remain debilitated by pain because we can take several steps in this legislation to improve the way we research, diagnose, and treat pain.

This legislation takes a multifaceted approach to addressing pain. First, it calls on the Institute of Medicine to convene a conference on pain. The bill will also enable coordination and improvement of pain research at the National Institutes of Health.

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This information will then be disseminated to the health community. H.R. 756 will also create a grant program in order to improve training for health professionals in recognizing and treating pain effectively.

Finally, through this legislation we will initiate a public health awareness campaign so that patients know they do not need to suffer from pain, but rather they can seek available treatment options.

It is my hope that passage of this bill in the House today will spur the Senate to act soon so we can see this bill signed into law before the end of the year.

Most of us have either suffered from pain ourselves—and chronic pain, as our colleague from the other side said, is pain that doesn't go away for at least 24 hours. That's awfully miserable. Either we have experienced that ourselves or we have some family member or loved one that we can think of who would be very much affected in a positive way by passing this legislation.

So the sooner we get to work on improving pain care, the sooner we can see relief for the millions of Americans who are suffering from pain every day.

Again, I urge my colleagues to vote ''yes'' on H.R. 756.

Mr. SCALISE. I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I urge passage of this bill and yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 756, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

MELANIE BLOCKER STOKES MOM'S OPPORTUNITY TO ACCESS HEALTH, EDUCATION, RESEARCH, AND SUPPORT FOR POSTPARTUM DEPRESSION ACT

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 20) to provide for research on, and services for individuals with, postpartum depression and psychosis, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 20

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Melanie Blocker Stokes Mom's Opportunity to Access Health, Education, Research, and Support for Postpartum Depression Act'' or the ''Melanie Blocker Stokes MOTHERS Act''.

SEC. 2. DEFINITIONS.

For purposes of this Act—

(1) the term ''postpartum condition'' means postpartum depression or postpartum psychosis; and

(2) the term ''Secretary'' means the Secretary of Health and Human Services.

TITLE I—RESEARCH ON POSTPARTUM CONDITIONS

SEC. 101. EXPANSION AND INTENSIFICATION OF ACTIVITIES.

(a) CONTINUATION OF ACTIVITIES.—The Secretary is encouraged to continue activities on postpartum conditions.

(b) PROGRAMS FOR POSTPARTUM CONDITIONS.—In carrying out subsection (a), the Secretary is encouraged to continue research to expand the understanding of the causes of, and treatments for, postpartum conditions. Activities under such subsection shall include conducting and supporting the following:

(1) Basic research concerning the etiology and causes of the conditions.

(2) Epidemiological studies to address the frequency and natural history of the conditions and the differences among racial and ethnic groups with respect to the conditions.

(3) The development of improved screening and diagnostic techniques.

(4) Clinical research for the development and evaluation of new treatments.

(5) Information and education programs for health care professionals and the public, which may include a coordinated national campaign to increase the awareness and knowledge of postpartum conditions. Activities under such a national campaign may—

(A) include public service announcements through television, radio, and other means; and

(B) focus on—

(i) raising awareness about screening;

(ii) educating new mothers and their families about postpartum conditions to promote earlier diagnosis and treatment; and

(iii) ensuring that such education includes complete information concerning postpartum conditions, including its symptoms, methods of coping with the illness, and treatment resources.

SEC. 102. SENSE OF CONGRESS REGARDING LONGITUDINAL STUDY OF RELATIVE MENTAL HEALTH CONSEQUENCES FOR WOMEN OF RESOLVING A PREGNANCY.

(a) SENSE OF CONGRESS.—It is the sense of Congress that the Director of the National Institute of Mental Health may conduct a nationally representative longitudinal study (during the period of fiscal years 2009 through 2018) of the relative mental health consequences for women of resolving a pregnancy (intended and unintended) in various ways, including carrying the pregnancy to term and parenting the child, carrying the pregnancy to term and placing the child for adoption, miscarriage, and having an abortion. This study may assess the incidence, timing, magnitude, and duration of the immediate and long-term mental health consequences (positive or negative) of these pregnancy outcomes.

(b) REPORT.—Beginning not later than 3 years after the date of the enactment of this Act, and periodically thereafter for the duration of the study, such Director may prepare and submit to the Congress reports on the findings of the study.

TITLE II—DELIVERY OF SERVICES REGARDING POSTPARTUM CONDITIONS

SEC. 201. ESTABLISHMENT OF GRANT PROGRAM.

Subpart I of part D of title III of the Public Health Service Act (42 U.S.C. 254b et seq.) is amended by inserting after section 330G the following:

''SEC. 330G–1. SERVICES TO INDIVIDUALS WITH A POSTPARTUM CONDITION AND THEIR FAMILIES.

''(a) IN GENERAL.—The Secretary may make grants to eligible entities for projects for the establishment, operation, and coordination of effective and cost-efficient systems for the delivery of essential services to individuals with a postpartum condition and their families.

''(b) CERTAIN ACTIVITIES.—To the extent practicable and appropriate, the Secretary shall ensure that projects funded under subsection (a) provide education and services with respect to the diagnosis and management of postpartum conditions. The Secretary may allow such projects to include the following:

''(1) Delivering or enhancing outpatient and home-based health and support services, including case management and comprehensive treatment services for individuals with or at risk for postpartum conditions, and delivering or enhancing support services for their families.

''(2) Delivering or enhancing inpatient care management services that ensure the well-being of the mother and family and the future development of the infant.

''(3) Improving the quality, availability, and organization of health care and support services (including transportation services, attendant care, homemaker services, day or respite care, and providing counseling on financial assistance and insurance) for individuals with a postpartum condition and support services for their families.

''(4) Providing education to new mothers and, as appropriate, their families about postpartum conditions to promote earlier diagnosis and treatment. Such education may include—

''(A) providing complete information on postpartum conditions, symptoms, methods of coping with the illness, and treatment resources; and

''(B) in the case of a grantee that is a State, hospital, or birthing facility—

''(i) providing education to new mothers and fathers, and other family members as appropriate, concerning postpartum conditions before new mothers leave the health facility; and

''(ii) ensuring that training programs regarding such education are carried out at the health facility.

''(c) INTEGRATION WITH OTHER PROGRAMS.—To the extent practicable and appropriate, the Secretary may integrate the grant program under this section with other grant programs carried out by the Secretary, including the program under section 330.

''(d) CERTAIN REQUIREMENTS.—A grant may be made under this section only if the applicant involved makes the following agreements:

''(1) Not more than 5 percent of the grant will be used for administration, accounting, reporting, and program oversight functions.

''(2) The grant will be used to supplement and not supplant funds from other sources related to the treatment of postpartum conditions.

''(3) The applicant will abide by any limitations deemed appropriate by the Secretary on any charges to individuals receiving services pursuant to the grant. As deemed appropriate by the Secretary, such limitations on charges may vary based on the financial circumstances of the individual receiving services.

''(4) The grant will not be expended to make payment for services authorized under subsection (a) to the extent that payment has been made, or can reasonably be expected to be made, with respect to such services—

''(A) under any State compensation program, under an insurance policy, or under any Federal or State health benefits program; or

''(B) by an entity that provides health services on a prepaid basis.

''(5) The applicant will, at each site at which the applicant provides services funded under subsection (a), post a conspicuous notice informing individuals who receive the services of any Federal policies that apply to the applicant with respect to the imposition of charges on such individuals.

''(6) For each grant period, the applicant will submit to the Secretary a report that describes how grant funds were used during such period.

''(e) TECHNICAL ASSISTANCE.—The Secretary may provide technical assistance to entities seeking a grant under this section in order to assist such entities in complying with the requirements of this section.

''(f) DEFINITIONS.—In this section:

''(1) The term 'eligible entity' means a public or nonprofit private entity, which may include a State or local government; a public or nonprofit private recipient of a grant under section 330H (relating to the Healthy Start Initiative), public-private partnership, hospital, community-based organization, hospice, ambulatory care facility, community health center, migrant health center, public housing primary care center, or homeless health center; or any other appropriate public or nonprofit private entity.

''(2) The term 'postpartum condition' means postpartum depression or postpartum psychosis.''.

TITLE III—GENERAL PROVISIONS

SEC. 301. AUTHORIZATION OF APPROPRIATIONS.

To carry out this Act and the amendment made by section 201, there are authorized to be appropriated, in addition to such other sums as may be available for such purpose—

(1) $3,000,000 for fiscal year 2010; and

(2) such sums as may be necessary for fiscal years 2011 and 2012.

SEC. 302. REPORT BY THE SECRETARY.

(a) STUDY.—The Secretary shall conduct a study on the benefits of screening for postpartum conditions.

(b) REPORT.—Not later than 2 years after the date of the enactment of this Act, the Secretary shall complete the study required by subsection (a) and submit a report to the Congress on the results of such study.

SEC. 303. LIMITATION.

Notwithstanding any other provision of this Act or the amendment made by section 201, the Secretary may not utilize amounts made available under this Act or such amendment to carry out activities or programs that are duplicative of activities or programs that are already being carried out through the Department of Health and Human Services.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Louisiana (Mr. SCALISE) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, once again, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks on the legislation.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 20, the Melanie Blocker Stokes Mom's Opportunity to Access Health, Education, Research, and Support for Postpartum Depression Act.

Postpartum depression occurs after 10 to 15 percent of all deliveries, and the majority of patients suffer from this illness for more than 6 months. In its most severe form, postpartum psychosis, women may actually suffer from hallucinations and delusions that can put them and their babies at risk.

The bill before us today amends the Public Health Service Act to include a new section that authorizes the Secretary of Health and Human Services to make grants for services related to postpartum depression and postpartum psychosis.

It would encourage continued research into the causes of and treatments for these conditions and would

give the Secretary the authority to provide grants to deliver services to women with these conditions and their families.

I want to thank my colleague, Representative BOBBY RUSH, for his work in raising this important issue. He is the sponsor of this bill and has worked hard on it for a long time.

I also want to thank Mary Jo Codey, who is the wife of former Governor Codey from my home State of New Jersey. She came and testified before our subcommittee on this bill and has been outspoken on the issue of postpartum depression.

I urge my colleagues to pass this bill.

I reserve the balance of my time.

Mr. SCALISE. Mr. Speaker, I yield myself such time as I may consume.

I rise today in support of H.R. 20, the Melanie Blocker Stokes MOTHERS Act. Last Congress, the Energy and Commerce Committee held hearings on this issue that were deeply emotional, especially when testimony was presented by Melanie Blocker Stokes' mother. This bill highlights the need to increase awareness of postpartum depression and expand the knowledge of its terrible effects.

It is important to note that as many as 80 percent of women experience some mood disturbances after pregnancy. For most women, the symptoms are mild and go away on their own. But 10 to 20 percent of women develop a more disabling form of mood disorder called postpartum depression.

This legislation encourages the continuation of research being done by Federal agencies to determine the causes of postpartum depression and how it can better be treated. I stand in support of this legislation and hope that my colleagues will join me.

I reserve the balance of my time.

Mr. PALLONE. I yield 3 minutes to someone who has been such a leader on so many health care issues, including this one, the gentleman from Rhode Island (Mr. KENNEDY.)

Mr. KENNEDY. I thank the gentleman from New Jersey and thank him for his leadership on this issue and many others regarding mental health. I just want to concur with him and Mr. RUSH from Illinois that this issue of mental health and postpartum depression I'm glad to see is on the agenda for health care. We are in the year of health care reform, and it's so vital that the issue of the total health of our people makes its way into health care reform.

We find that so many in our country seek help in our health care system and yet don't receive it because our health care system does not respond to the total health of a person. It responds to the physical part of the person but it does not respond to the emotional—the sympathetic part of the person; the psychological, which is the mental health part of the person; the spiritual, which is the sense of purpose that a person has for their life.

We have done such a good job in this country in training our doctors to take care of a person as if they were a machine, and we could fix a person if they had a broken bone or if they had something that we could show on an x-ray or we could test through a blood test, but if we can't show it on an x-ray or a blood test, then we really don't know what to do.

My friends, the fact of the matter is we are much more than just the sum of our parts. Really, a much bigger part of this is the mental health and emotional health of our people. That is why we need to do a lot more to address this if we are going to address people's health in this country.

Frankly, mental illnesses are the second leading cause of lost days in our country. It's quite surprising that even given that statistic, our health care system doesn't respond to this challenge.

So I'm glad to see that this legislation calls on greater research into this area because, frankly, there is a physical element to this. The body does change as a result of mental health problems. We now know, thanks to the new x-ray machines, that we can actually see biochemical changes in the brain. We can see these biochemical changes in the brain, thanks to these new functional magnetic resonance imaging exams.

Furthermore, I think it's so important for people to know that we want a vibrant and a productive people, and we want them to feel active and alive. The best way to do that is to make sure that we give them all the support that they need in this country.

So, to do that, we need to make sure that they get all of the support and get their checkup from their neck up, just as they get their checkup everywhere else. So I'm glad that this proposal is going forward.

Mr. SCALISE. Mr. Speaker, I yield 3 minutes to the gentleman from Georgia (Mr. BROUN).

Mr. BROUN of Georgia. I thank the gentleman for yielding. Mr. Speaker, I'm a physician. I've dealt with anxiety and depression in patients throughout my medical career. Depression is an extremely debilitating disease.

What really concerns me at this point is Americans today are getting very, very depressed because of this steamroller of socialism that's being forced down their throats, this steamroller of socialism of bigger and bigger government that is taking money away from small business, it's taking money away from families. They are struggling.

We need to do something about the economy. Americans are hurting. We need to do something about it now. But greater spending and bigger government is not the solution.

In fact, we're going to be taking up a budget this week that is a budget that should cause people great angst here in America. It's a budget that's going to create a tremendous amount of anxiety and depression.

More people are going to see their doctors and ask for antidepressants and nerve pills because of this budget that we're going to see this week that's being presented by the Democratic majority. We've got to stop it.

Republicans have offered alternative after alternative, but the leadership of this House won't even consider them. The leadership of this House has said that Republicans are the ''Party of No,'' and that is absolutely not factual. Republicans have offered many alternatives, but they just won't be considered.

The American people need to wake up and understand that they're going to become more depressed, they're going to become more anxious, they're going to have greater strife within their families, we're going to have more marriages break up because of the budget, in my opinion, that we are going to be presented in this House—and undoubtedly this House will pass it. But it's going to wreck our economy.

America is bankrupt today because of the great spending that's been coming down through the latter part of the Bush administration and now in this administration. We've got to stop it.

The American people need to wake up and demand that we have a responsible government so that they won't be depressed, so they won't be anxious, so that we can have a good economy.

Republicans are offering solutions—commonsense, market-based solutions based on the private sector. It's absolutely critical that we find those solutions; that we work together, Democrats and Republicans alike, to find economic solutions to put this country back on the right course.

We're spending too much, we're taxing too much, we're borrowing too much, and we're bankrupting America—not only the government, but individuals and small businesses—and it has to stop. I call on the American people to write their Congressman, write their Senators, and say ''no.''

We've got to have a better alternative than this budget that's going to be presented this week.

Mr. RUSH. Mr. Speaker, today I rise in strong support of the Melanie Blocker Stokes Mom's Opportunity to Access Health, Education, Research, and Support for Postpartum Depression Act of 2009.

I would like to thank Chairman WAXMAN, Ranking Member BARTON, my colleague Congressman FRANK PALLONE, and the Members of the Energy and Commerce Committee who unanimously supported this legislation's passage out of the committee.

After eight long years, today marks an important step forward in the journey for Congress to fully recognize postpartum depression as a national women's health priority. This bill comes to the floor today with strong, bipartisan support. No longer will postpartum depression be dismissed as mere ''baby blues.''

Mr. Speaker, today, 60 to 80 percent of new mothers experience symptoms of postpartum depression while the more serious condition, postpartum psychosis, affects up to 20 percent of women who have recently given birth. Experts in the field of women's health like Susan

Stone, Chair of the President's Advisory Council of Postpartum Support International, says that these statistics do not include mothers whose babies are stillborn, who miscarry, or who are vulnerable to these devastating disorders which raises those at risk into the millions. The most extreme form, postpartum psychosis, is exhibited in about one percent of all new mothers.

At what should be the happiest time in a woman's life these mood disorders result in feelings of despondency, tearfulness, inadequacy, guilt and fatigue. In the worst case scenario, if left untreated or not treated properly, postpartum depression and postpartum psychosis has resulted in suicide and infanticide. The consequences of untreated maternal depression in the mother range from chronic disability to death of the infant as well as learning and behavioral disabilities that can negatively impact a child's development.

In light of all these sobering facts, sadly, I was finally compelled to author H.R. 20 in December 2007 after watching the news accounts of the missing Melanie Blocker Stokes. This bright, vibrant woman who loved life was a first time mother, a successful business woman and my constituent. Despite her family's valiant interventions, Melanie's psychosis was so severe that she slipped away and ended her life in solitary agony.

As news of her death swept throughout Chicago, I reached out to Melanie's mother, Carol Blocker, who told me her daughter's diagnosis and suicide was the result of postpartum psychosis.

And, sometime later, Dr. Nada Stotland of the American Psychiatric Association, also a constituent of mine, also reached out to me. Dr. Stotland detailed the value of additional research and discussed the under-reporting and misdiagnosis of postpartum depression and psychosis in our country.

There is no denying the fact that the need for resources to combat postpartum depression grows more and more each and every year. Here are the facts: H.R. 20 will finally put significant money and attention into research, screening, treatment and education for mothers suffering from this disease. Research indicates that some form of postpartum depression affects approximately 1 in 1,000 new mothers, or up to 800,000 new cases annually. This data does not include the additional cases of women who may be vulnerable to these illnesses even after they've miscarried or who deliver stillborn infants.

Of the new postpartum cases this year, less than 15 percent of mothers will receive treatment and even fewer will receive adequate treatment; however, with treatment over 90 percent of these mothers could overcome their depression. Every 50 seconds a new mother will begin struggling with the effects of mental illness.

Mr. Speaker, these facts are profound and, in the words of Carol Blocker, ''. . . hundreds of thousands of women, who have suffered from postpartum depression and psychosis are still waiting for Congress to act eight years after legislation was first introduced.'' Mr. Speaker, thank you for this day because, today, Mrs. Blocker and hundreds of thousands of mothers will not have to wait any longer for Congress to act! By passage of H.R. 20, today, we will put mothers first.

When this bill becomes law, my legislation will:

Encourage the Secretary of Health and Human Services to continue: (1) activities on postpartum depression; and (2) research to expand the understanding of the causes of, and treatments for, postpartum conditions.

Express the sense of Congress that the Director of the National Institute of Mental Health may conduct a nationally representative longitudinal study of the relative mental health consequences for women of resolving a pregnancy in various ways.

Amend the Public Health Service Act to authorize the Secretary to make grants for projects for the establishment, operation, and coordination of effective and cost-efficient systems for the delivery of essential services to individuals with a postpartum condition and their families.

Direct the Secretary to ensure that such projects provide education and services with respect to the diagnosis and management of postpartum conditions.

Moreover, this bill is an affordable approach to research and services. This is good policy, good politics and a good public health bill.

Before I close, I'd like to take a moment to remember and honor the hundreds of thousands of women—women who have lost either their ability to ''mother'' or, in far too many cases, their lives to postpartum depression.

Mr. Speaker, this bill, this day and this moment would not be a reality had it not been for a beautiful, young Chicago native, the late Melanie Blocker Stokes, and the valiant effort her husband and her family made to save her lift but to no avail. And, even though Melanie did not survive her battle with postpartum psychosis, Melanie's battle and her ultimate sacrifice will never be forgotten because of our efforts, here, today.

I would like to thank Carol Blocker, my friend, constituent and fellow activist, who with grace and dignity found a way for her daughter's memory to live on.

I would also like to thank all the groups who support this legislation. Groups like, Postpartum Support International, the Family Mental Health Foundation, the American Psychological Association, the American Psychiatric Association and the American College of Obstetricians and Gynecologists.

I'd also like to acknowledge the tremendous work of groups like the Children's Defense Fund, the Melanie Blocker Stokes Foundation, Suicide Prevention Action Network, Planned Parenthood Federation of America, Depression and Bipolar Support Alliance, Mental Health America, NARAL, National Alliance for Mental Illness, Community Behavioral Healthcare, the March of Dimes, The National Association of Social Workers, National Organization for Women and North American Society for Psychosocial Obstetrics and Gynecology.

I thank these groups and various activists for their relentless efforts to address this issue including calling their congressional representatives and mailing or faxing letters in support of H.R. 20. Our work will not be done until this bill is signed by the President. And, the good news is, this time we have a friend and fellow Chicagoan in the White House.

And, finally, let me once again thank the hundreds of thousands of unsung women, and their families, who have battled postpartum depression in silence or isolation, in some form, for far too long. To those women and their families I say, you will never suffer in silence again. And, with that, I proudly urge my colleagues to vote "yes" on H.R. 20.

Mr. SCALISE. I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I ask that the bill be passed, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 20, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. BROUN of Georgia. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

WAKEFIELD ACT

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 479) to amend the Public Health Service Act to provide a means for continued improvement in emergency medical services for children, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 479

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Wakefield Act''.

SEC. 2. FINDINGS AND PURPOSE.

(a) FINDINGS.—Congress makes the following findings:

(1) There are 31,000,000 child and adolescent visits to the Nation's emergency departments every year.

(2) Over 90 percent of children requiring emergency care are seen in general hospitals, not in free-standing children's hospitals, with one-quarter to one-third of the patients being children in the typical general hospital emergency department.

(3) Severe asthma and respiratory distress are the most common emergencies for pediatric patients, representing nearly one-third of all hospitalizations among children under the age of 15 years, while seizures, shock, and airway obstruction are other common pediatric emergencies, followed by cardiac arrest and severe trauma.

(4) Up to 20 percent of children needing emergency care have underlying medical conditions such as asthma, diabetes, sickle-cell disease, low birth weight, and bronchopulmonary dysplasia.

(5) Significant gaps remain in emergency medical care delivered to children. Only about 6 percent of hospitals have available all the pediatric supplies deemed essential by the American Academy of Pediatrics and the American College of Emergency Physicians for managing pediatric emergencies, while about half of hospitals have at least 85 percent of those supplies.

(6) Providers must be educated and trained to manage children's unique physical and psychological needs in emergency situations, and emergency systems must be equipped with the resources needed to care for this especially vulnerable population.

(7) Systems of care must be continually maintained, updated, and improved to ensure that